Clinical observations of Unani Kit Medicine “Qurs-e- (Tab) Mussaffi and Raughan-e- (Oil) Kamela” on hypertrophic Lichen Planus: A case study

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A 71 years old female patient was registered with enormous eruption on the both legs at below knee. She was suffering since 15 years. The colour of eruptions was dark brown. Some eruptions were wounded and crusted because of superficial nail scratching. Some itchy papules were also appeared. Most of the lesions were changed and become hyper pigmented, atrophic, hypertrophic, particularly in the right lateral part of leg. The Unani medicine, Qurs-e- (Tab) Mussaffi was given orally and Raughan-e- (Oil) Kamela was used as local application over the lesion. The study revealed that the Unani Medicine found effective in the treatment of Lichen planus. The test drugs has also efficacy to stop tendency of new eruption it might be due to effects over the T cell–mediated autoimmune reaction. There were no side effects or toxic effects over the liver and kidney was reported during the study. The study concluded that Qurs-e (Tab) Mussaffi & Raughan-e – (Oil) Kamela is effective in the management of Lichen planus.

Keywords: Lichen planus, Case study, Unani medicine

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Lichen planus is a chronic, itchy skin disease of unknown cause, characterized by small, purplish bumps or patches of skin having fine, gray lines on the surface. Itching is mild to severe. The lesions are violet coloured, polygonal, flat-topped papules that may coalesce into rough scaly patches it may discrete or in clusters, on the flexor surfaces of the wrists, arms, legs and buccal (mouth) mucous membranes, often accompanied by oral lesions.

Common sites of involvement are the flexor surfaces of wrists, forearms, ankles, legs, abdomen, and sacrum. Nails may have ridges running lengthwise. On mucous membranes (e.g., the mouth), the membranes appear gray and lacy. Episodes of disease activity, of which there are numerous variations, may last for months and may recur. In more extreme cases, patients are in pain, with erosions and ulcerated areas.

It affects about 1% of the population, predominantly women, and usually appears during the fifth or sixth decade. Causes may have an allergic reaction pattern, particularly following exposure to dyes and color film developers.

Diagnosis is based on the medical history and physical examination. A skin biopsy may be recommended.

Etiology
Lichen planus (LP) is thought to be caused by a T cell–mediated autoimmune reaction against basal epithelial keratinocytes in people with genetic predisposition. Drugs (especially β-blockers, NSAIDs, ACE inhibitors, sulfonylureas, gold, antimalarial agents, penicill a mine, and thiazides) can cause LP; drug-induced LP (sometimes called lichenoid drug eruption) may be indistinguishable from non-drug–induced LP or may have a pattern that is more eczematous. Associations with hepatitis C–induced liver insufficiency, primary biliary cirrhosis, and other forms of hepatitis have been reported.

Symptoms and signs
Typical lesions are pruritic, purple, poly angular, flat-topped papules and plaques. Lesions initially are 2 - 4 mm in diameter, with angular borders, a violaceous color, and a distinct sheen in cross-lighting. They are usually symmetrically distributed,
most commonly on the flexor surfaces of the wrists, legs, trunk and glans penis, oral and vaginal mucosae but can be widespread. The face is rarely involved. Onset may be abrupt or gradual. Children are affected infrequently. During the acute phase, new papules may appear at sites of minor skin injury (Koebner phenomenon), such as a superficial scratch. Lesions may coalesce or change over time, becoming hyper pigmented, atrophic, hypertrophic (hypertrophic LP), or vesiculobullous. Although pruritic, lesions are rarely excoriated or crusted. If the scalp is affected, patchy scarring alopecia (lichen planopilaris) may occur

**Diagnosis**

- Clinical evaluation
- Biopsy

Although diagnosis is suggested by appearance of the lesions, similar lesions may result from any of the papulosquamous disorders, lupus erythematosus, and secondary syphilis, among others. Oral or vaginal LP may resemble leukoplakia, and the oral lesions must also be distinguished from candidiasis, carcinoma, aphthous ulcers, pemphigus, cicatricial pemphigoid, and chronic erythema multiforme. Typically, biopsy is done. If LP is diagnosed; some clinicians do laboratory testing for liver dysfunction

**Case study**

A 71 yrs old female patient was registered with enormous eruption on the both legs at below knee. She was suffering since 15 yrs. The colour of eruptions was dark brown. Some eruptions were wounded and crusted because of superficial nail scratching. Some itchy papules were also appeared. Most of the lesions were changed and become hyper pigmented, atrophic, hypertrophic, particularly in the right lateral part of leg. There was also a large compact elevated thick eruption at right lateral leg.

**Examination of the patient**

Personal history of patient was taken, the patient was a house hold women, lower middle class and no family history of Lichen planus, no history of any addiction like alcohol or smoking, etc. No relevant history of allergy from any drug, diets or environmental articles, was no any other positive history of any severe systemic disease.

In the history of present illness, patient informed that 15 yrs ago only some eruptions along with itching were developed on his both legs. The appearance of eruptions were small with tiny pit and pink purplish/violet colour without topped or elevated but after some time become elevated, ticked and firm. The colour of the eruptions were also changed after some time violate to brownish and blackish, she was also complaint that eruptions were continuously appearing day by day. Some eruptions were wounded and crusted because of superficial nail scratching. When these lesions healed they changed into a firm crusted blackish colour and mutilate. Some of the new lesions become like a pustule with tiny pits in the centre, no any discharge was noted but small quantity of water secretions was observed.

On palpation it has been found that Lesions were without raised temperature, smooth and elevated surface and firm in consistency, painless and no discharge was found there.

On examination of the lesion/ affected part of legs it has been found several features:

- Enormous lesion /eruption on both legs especially on lateral part of the leg.
- Some compact lesions were present.
- Appearances of eruptions were violet to brownish colour with raised surface.
- Several abrasions and ulceration were present on the flexor surfaces of the both legs.

**Materials and methods**

A known case of Lichen planus, was registered in the OPD of Regional Research Institute of Unani Medicine Mumbai, with complaints of severe itching and eruption on the surface of both legs. The patient was treated with Unani Kit Medicine **Qurs-e-** (Tab) **Musaffi** 500 mg, 2 tabs orally twice a day and **Raughan-e-** (Oil) **Kamela** 10 ml for local application twice a day. These Unani Kit medicines were supplied by Central Council for Research in Unani Medicine, New Delhi. The ingredients of **Qurs-e-Musaffi** and **Raughan-e-Kamela** have mentioned in Table 1. The total duration of the treatment was 3 months. The follow up of the patient was done at every 15 days. The results were noted in case record file at every visit after observation of clinical features and examinations. Close Photographs were also taken at every follow up, pathology and biochemical investigations were also done at base line and after end of study.

**Biopsy of the skin not done due to two reasons**

1. It was a known case of Lichen planus,
2. Patient was not agreed for the test after given full information about biopsy method.
Results

It was observed that the severity of itching reduced from moderate to mild and disappears at the end of treatment.

It has been also observed that the eruption of new lesion reduces in first follow up and stopped in the second follow up and no new lesions were appeared during the treatment. It was also noted that large compact lesion and wounds were gradually minimized; demarcation of individual lesion were not visualized at first visit but after treatment, space between two lesions were well demarcated. Similarly the size of the plaques were also gradually reduced in all dimension, it was observed that after 90 days of treatment only remnant of plaques were present. The clinical assessment and improved features on consequent follow-up have given in Table 2. Consistency of lesion was hard and firm at the time of first visit but after the treatment observed soft and normal. It was also observed that elevated thick margins of lesion become thin and disappeared gradually. It was also observed that at base line colors of lesions were violet colour and some of them were dark brown but after treatment observed normal.

Scaling of skin also observed disappeared. At the base line skin textures were highly prominent and wrinkles and shines were present but after the treatment has been observed normal (Figs. 1 & 2).

Discussion

The etiology of Lichen planus is unknown in the modern medicine but Unani physicians and scholars described in the Unani classical books that it is due to domination of bile in the blood\(^7\). The improvement in the features of Lichen planus is might be due to the various actions of ingredients of formulation that used for the treatment.

*Rasaut* (*Berberis aristata*) is an important ingredient of *Qurs-e-Musaffi* which is used to restore the normal consistency of blood and soothes the *Dam* (blood) and *safra* (bile)\(^7,8\). Relief in Irritation and Itching might be due to this *Rasaut* (*Berberis aristata*). The action of *chakso* (*Cassia absus* seed) is anti-inflammatory and Resolvent hence inflammations of lesions might be subsided due to *chakso* (*Cassia absus* seed). *Kath* (*Acacea catechu*) is another important ingredient of this formulation and its actions are described in Unani books as astringent,

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**Table 1**—Ingredients of *Qurse Musaffi* and *Raughan-e kamela*

<table>
<thead>
<tr>
<th>(A) Ingredients of <em>Qurse</em> (Tab) <em>Musaffi</em> (500mg)</th>
<th>Botanical name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Rasaut</td>
<td><em>Berberis aristata</em></td>
<td>125mg</td>
</tr>
<tr>
<td>2 Narkachoor</td>
<td><em>Zingiber zerunbets</em></td>
<td>125mg</td>
</tr>
<tr>
<td>3 Kath sufaid</td>
<td><em>Acacea catechu</em></td>
<td>125mg</td>
</tr>
<tr>
<td>4 Chaksu seed</td>
<td><em>Cassia absus</em></td>
<td>125mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(B) Ingredients of <em>Raughan-e Kamela</em>-50 ml (constituents)</th>
<th>Botanical name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Kamela</td>
<td><em>Mellotus philipinensis</em></td>
<td>10gm</td>
</tr>
<tr>
<td>2 Raughane kunjad oil</td>
<td><em>Sesamum indicum</em></td>
<td>40gm</td>
</tr>
</tbody>
</table>

**Table 2**—Clinical assessment and improved features on consequent follow-up

<table>
<thead>
<tr>
<th>S No.</th>
<th>Clinical features</th>
<th>0day</th>
<th>15days</th>
<th>30days</th>
<th>45days</th>
<th>60days</th>
<th>75 days</th>
<th>90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>itching</td>
<td>++++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Appearance of new lesion</td>
<td>++++</td>
<td>++</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Compactness of eruption and wounds</td>
<td>++++</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Plaques formations</td>
<td>++++</td>
<td>++++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>Hard/firm Consistency</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Thicken Margins and elevated surface</td>
<td>++++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Crusted wounds</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Discoloration of skin</td>
<td>++++</td>
<td>++++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>9</td>
<td>White dried skin (scaling)</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>Wrinkled and shines texture of skin</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Grading of features: Absent= -, Mild=+, Moderate=++, Moderate to severe=+++, Severe=++++
emollient, Habis Dam (Styptic) and it is use for the treatment of Juzaam (Leprosy), Bars (Vitiligo), Basoor (Eruptions)\(^7,^8\). The relief in the feature of Wrinkled and shines, texture of skin is might be due to Kath (Acacea catechu). Kath (Acacea catechu) and chaksu (Cassia absus seed) are used as blood purifier in Unani Medicine so restoration of normal coloration of skin might be due to these ingredients\(^7\). The actions of Narkachoor (Zingiber zerunbets) are defined in classical Unani books as Muqawwi (General tonic)\(^2\).

It is used for general debility and weak digestion and because of this action of drug it might be possible that the other ingredients of this formulation well absorbed and enhances action of other ingredients’ because this drug other.

Kamela is described in Unani books as a good ante septic, ante bacterial, astringent drug\(^9\). So due to their amazing actions, reduced itching, healed the wounds and abrasion and prevented the hypertrophic changes and also helped further broken of new eruptions.

**Conclusion**

The study concluded that Qurs-e (Tab) Musaffi & Raughan-e–(Oil) Kamela is effective in the management of Lichen planus. The test drugs has also efficacy to stop the tendency of new eruptions. It might be due to the effects over the T cell–mediated autoimmune reaction. There were no side effects or toxic effects over the liver and kidney during the study. Hence, it is recommended to study on theses formulations on large sample size to evaluate the efficacy.

**References**

4. Robbins, Carton, pathologic basis of disease, 7\(^{th}\) edn, (Harcort India private limited, New Delhi), 2001, 586.